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Entered - 01/13/00 - sb
CL00L0009 - DIANNE C. MITCHELL

00-2 -0620

CLAIM OF: TIM LANE
1445 Monroe Drive, NE
Apt. C-47
Atlanta, Georgia 30324

For damages alleged to have been sustained as a
result of a vehicular accident on November 20,
1999 at 1445 Monroe Drive, NE.

THIS ADVERSED REPORT IS
APPROVED

BY: Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

ADVERSED REPORT

COM. P.S. & L.A. _____

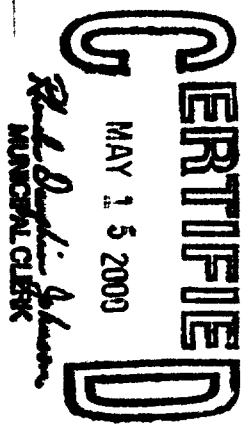
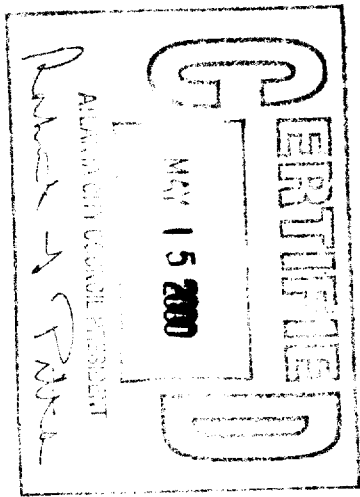
DATE 5/9/00

BY C.T. Marks

By Jerry Bell

By [Signature]

By [Signature]



ADVERSED REPORT
CITY COUNCIL MAY 15 2000



OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30335
(404) 330-6033
FAX (404) 658-6103

June 9, 2000

Tim Lane
1445 Monroe Dr., NE
Apartment C-47
Atlanta, GA 30324

00-R-0620

Dear Mr. Lane:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on May 15, 2000. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the **City Attorney's Office/Claims Division** at (404) 330-6400.

Sincerely,

Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: **Claims Division/Law Department**

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0009

Date: April 19, 2000

Claimant /Victim TIM LANE
BY: (Atty) (Ins. Co.)
Address: 1445 Monroe Drive, NE, Apt. C-47, Atlanta, Georgia 30324
Subrogation: Claim for Property damage \$ 2,267.68 Bodily Injury \$
Date of Notice: 12/30/99 Method: Written, proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 11/20/99 Place: 1445 Monroe Drive, NE
Department Fire Division:
Employee involved Vincent Jordan Disciplinary Action: No Action Taken

NATURE OF CLAIM: The driver of the City vehicle lost control of same due to water and oil on the road surface and collided with the claimant's parked vehicle.

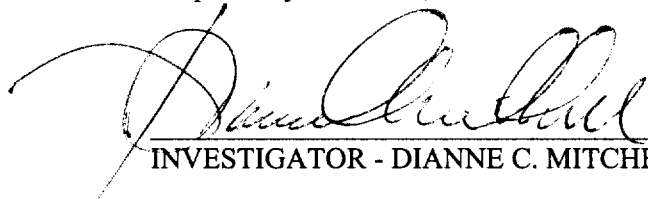
INVESTIGATION:

Statements: City employee Claimant Others Written Oral
Pictures Diagrams Reports: Police X Dept Report X Other
Traffic citations issued: City Driver Claimant Driver
Citation disposition: City Driver Claimant Driver

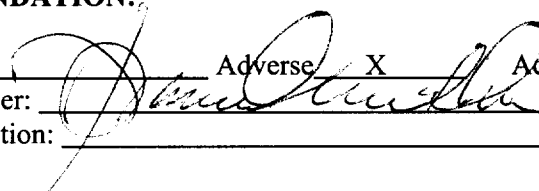
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial
Improper Notice More than Six Months Other Damages reasonable
City not involved Offer rejected X Compromise settlement
Repair/replacement by Ins. Co. Repair/replacement by City Forces
Claimant Negligent City Negligent X Joint Claim Abandoned

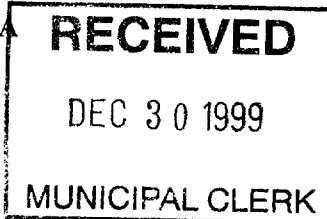
Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ Adverse X Account charged: 1A01 2J01 2H01
Claims Manager:  Concur/date 04-19-00
Committee Action: Council Action

COUNCIL OF THE CITY OF ATLANTA
CLERK OF COUNCIL
CITY HALL
68 Mitchell Street, S.W.
Atlanta, Georgia 30303



RE: CLAIMS FOR DAMAGES

TODAY'S DATE: 12/27/99

Dear Sir:

ENTERED - 1-13-00 - SB

00L0009 - DIANNE MITCHELL

This is to notify the City of Atlanta that I have suffered damages in the sum of \$ 2,267.68 property and/or \$ — bodily injury for which I contend the City is liable.

1. Date of Accident: 11 20 1999 (month) (day) (year) 2. Police called: YES CASE # 993240649 (yes) (no)
3. Location of accident: 1445 MONROE DR. ATLANTA, GA 30324
4. Name of your insurance company: TRAVELLER'S Policy # —
5. State how the accident occurred. FIRE TRUCK HIT PARKED VEHICLE

(use other side if necessary)

6. If a vehicular accident, complete the following and attach two (2) estimates of repair. **ALL ESTIMATES AND VEHICLE DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE STATEMENTS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!** The registered owner must make the claim for vehicle damages.

7. Your vehicle: GMC 1997 5YZ-7927 NC TIM LANE
(make) (year) (tag #) (driver's name)
8. City vehicle: SPARTAN '97 FIRE DEPT TRUCK #11 FIRE DEPT.
(make) (driver's name) (department)
TAG 113576
9. Witness: _____
(name) (phone) (address)

10. The acknowledgment of this claim in no way waives the Governmental Immunity of the City of Atlanta, as granted by State Law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

I HEREBY CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT.

11. THIS CLAIM SHOULD BE MAILED
IMMEDIATELY TO THE ADDRESS
SHOWN ABOVE

Rec from 12/20/99. JL

TIM LANE
(claimant)
1445 MONROE DR NE #C-47
(address)
ATLANTA, GA 30324
(city) (state) (Zip)
(404) 876-6771 (404) 292-0626
(home) (phone) (work)